

Home Health ICD-9/ICD-10 Alert

READER QUESTIONS: Save V Codes for Routine Care

Question: I have a few questions about the April 2005 Home Health ICD-9 Alert "You Be The Coder." In the scenario, the patient had a postoperative infection following an open reduction of a comminuted spiral femur fracture received in an accident. He was receiving IV antibiotics and Coumadin and his wife was doing the dressing changes. The answer coded 998.59 (Other postoperative infection) in M0230. In M0240 it put V58.81 (Fitting and adjustment of vascular catheter), V58.62 (Long term [current] use of antibiotics), V12.51 (Personal history of certain other diseases, diseases of the circulatory system), V58.83 (Encounter for therapeutic drug monitoring), V58.61 (Long term [current] use of anticoagulants) and V10.46 (Personal history of malignant neoplasm, prostate).

First, why wouldn't the accident be coded with an E code? Second, why wouldn't you code the surgical procedure of Open Reduction of Fracture? Third, why wouldn't you code V58.3, even if the wife is changing the dressings?

Answer: First, you could certainly code the accident with an E code. E codes are neither prohibited nor required for home health agencies in this case. Sometimes an E code helps to show the intermediary that this was a trauma fracture and not an upcode for a pathological fracture. E codes also indicate to the intermediary that there may be another insurer responsible for payment if the patient was in an accident. If there is no other insurer, then occurrence code 05 will indicate that there isn't an additional insurer and that Medicare is the primary payor.

Second, you would code the surgical procedure in Field Locator 12 of the plan of care, rather than in the diagnosis section of the OASIS. The surgical code is not part of OASIS.

Finally, you would not code V58.3 (Attention to surgical dressings and sutures) for two reasons. First, V58.3 indicates that the agency is encountering the patient to provide the dressing changes, and in this case the wife is providing the dressing changes. The aftercare code V58.43 (Aftercare following injury for surgery and trauma) would better illustrate the care the agency is providing. That code includes assessment and teaching. (Incidentally, for this case V54.15 (Aftercare for healing traumatic fracture of upper leg) would be the appropriate V code, not V58.43)

The second and most important reason to avoid using V58.3 in this scenario is that you don't use V codes when the care is not routine. If a wound is complicated by infection, code the infected wound. That code would include all the care provided to that wound - in this scenario 998.59 (Other postoperative infection).